

ALTERNATE

(Will Serve On An "As Needed" Basis)

REPRESENTATIVE _____
DISTRICT _____

2006 LEGISLATIVE SESSION
FLORIDA HOUSE OF REPRESENTATIVES



Messenger Application
(Age Limit: 15 - 18 years, inclusive)
(Deadline for submission: February 10, 2006)

Application must be typed or printed

Name: _____ Birthdate: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip: _____

E-mail Address: _____

Home Telephone: _____ Business Phone (Parent): _____

Social Security Number: _____

School You Are Now Attending: _____ Grade: _____

Name of Sponsoring Member: _____

SIGNATURE OF APPLICANT

SIGNATURE OF SPONSORING HOUSE MEMBER
DISTRICT # _____

PLEASE INDICATE IN ORDER OF PRIORITY YOUR 1st, 2nd and 3rd CHOICE FOR ONE WEEK OF SERVICE:			
March 6-10	_____	March 27-31	_____
March 13-17	_____	April 3-7	_____
March 20-24	_____	April 10-14	_____
		April 17-21	_____
		April 24-28	_____
		May 1-5	_____

I hereby give permission for my son/daughter to participate in the Messenger Program during the 2006 Legislative Session.

This is to certify that the student is in good academic standing and has permission to participate in the Messenger Program during the 2006 Legislative Session.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF PRINCIPAL

IN CASE OF EMERGENCY CONTACT:

NAME _____ ADDRESS _____

CITY _____ PHONE NUMBER _____

<p>FOR PROGRAM OFFICE USE ONLY</p> <p>DATE RECEIVED: _____</p> <p>ASSIGNED WEEK OF: _____</p> <p>NOTIFICATION MAILED: _____</p>
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SEND COMPLETED APPLICATION TO:
The Florida House of Representatives
Page & Messenger Program
418 The Capitol
402 S. Monroe Street
Tallahassee, Florida 32399-1300
Phone: (850) 487-2390